

State of Connecticut

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office

Department of Public Health
MARRIAGE LICENSE WORKSHEET

<u>SPOUSE ONE</u>				<u>SPOUSE TWO</u>			
NAME (First) (Middle) (Last)				NAME (First) (Middle) (Last)			
SEX	DATE OF BIRTH (Mo., Day, Year)		AGE	SEX	DATE OF BIRTH (Mo., Day, Year)		AGE
BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADES 1-8 GRADES 9-12 COLLEGE (1-5+)		BIRTHPLACE		EDUCATION (No. Yrs. Completed) GRADE S 1-8 GRADES 9-12 COLLEGE (1-5+)	
RESIDENCE (No. and Street)				RESIDENCE (No. and Street)			
CITY OR TOWN		COUNTY	STATE	CITY OR TOWN		COUNTY	STATE
SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO				SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				FATHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)		FATHER/PARENT BIRTHPLACE (State or Foreign Country)		MOTHER/PARENT BIRTHPLACE (State or Foreign Country)	
MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)				MOTHER/PARENT NAME (LAST NAME PRIOR TO FIRST MARRIAGE)			
NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION		NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION	
LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER			
SOCIAL SECURITY # SPOUSE ONE				SOCIAL SECURITY # OF SPOUSE TWO			
<u>OFFICIATOR INFORMATION</u>							
OFFICIATOR'S NAME (FIRST)				OFFICIATOR'S NAME (LAST)			
OFFICIATOR'S ADDRESS							
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:				DATE OF CEREMONY:			

BOXES BELOW ARE FOR OFFICE USE:

CONTACT # /SPOUSE:	IDENTIFICATION:
MAILING ADDRESS FOR CC'S:	OATH GIVEN:
FEE PAID-\$50: COPIES-\$20 EACH	SIGNATURES:
DATE LICENSE RECEIVED:	DATE COPIES MAILED: